PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradent Office; U.S. Debatt of U

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/840,041			ing Date 06/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A	1 == (0)	1	N/A	(4)	
	SEARCH FEE		N/A		N/A		N/A		1	N/A		
	(37 CFR 1.16(k), (j), e EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A		
TO:	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =		1	x \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	03/18/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 29	Minus	~ 40	= 0	1	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	•••7	= 0		X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))								ᆫ			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**		1	x \$ =		OR	x \$ =		
M	Independent (37 CFR 1.16(h))		Minus	***		1	x \$ =		OR	x s =		
핆	Application Size Fee (37 CFR 1.16(s))]]			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0° in column 3. If the "Highest Munder Previously Paid For IR THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20". If the "Highest Number Previously Paid For IR THIS SPACE is less than												

his collection of information is equated by 37 CFR. 116. The information is required to obtain or retain a based by the public within it to life (and by the USTTO to process) an application. Confidentiality is governed by 30 US of 22 and 37 CFR. 114. This collection is estimated to the bit 2 minutes to complete a position form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, about does ent to the CERT (information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or Patients of Commerce, P.O. Box 1450, Alexandris, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or P